ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | Y | 59 | 4/2/01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | BZ | 897 | 06-11-01 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ ................................ Rejected | N ................................. Non-elected |
| = ................................ Allowed | I ................................. Interference |
| — (Through numeral)... Canceled | A ................................. Appeal |
| ÷ ................................ Restricted | O ................................. Objected |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)